

Document Prepared by:

Paul S. Sheremeta

**SATISFACTION OF SUBORDINATE DEED OF TRUST**

**HUD CLAIM NUMBER 72-100181-1**

KNOW ALL MEN BY THESE PRESENTS, THAT,

I, BRIAN DILLON, DIRECTOR, ASSET RECOVERY DIVISION, FINANCIAL OPERATIONS CENTER as duly authorized representative of the Secretary of Housing and Urban Development, of Washington, D.C., do hereby certify that a certain subordinate mortgage to secure debt, more particularly described hereinbelow, is, together with the debt thereby secured canceled and satisfied and I do hereby discharge the same and request and consent that it be satisfied of record. The aforesaid Deed of Trust being described as follows:

LOT 89, GARDENS OF GREENBROOK, IN SECTION 30, TOWNSHIP 1 SOUTH, RANGE 7 WEST, DESOTO COUNTY, MISSISSIPPI, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 44, PAGE 25, IN THE OFFICE OF THE CHANCERY CLERK OF DESOTO COUNTY, MISSISSIPPI.

DATE: May 22, 2003

TRUSTEE: Aurora Loan Services, Inc.

GRANTOR: Hugh F. Wright

GRANTEE: The Secretary of Housing and Urban Development


RECORDED: In the Office of the Clerk of DeSoto County, State of Mississippi on August 4, 2003, in Book 1786 at Page 390.

The interest of the Secretary of Housing and Urban Development, was acquired pursuant to the provisions of the National Housing Act, as amended (12 USC 1701 et seq.) and the Department of Housing and Urban Development Act (79 Stat. 667).

IN WITNESS WHEREOF the undersigned on this 17<sup>th</sup> day of October, 2011, has set his hand and seal as DIRECTOR, ASSET RECOVERY DIVISION, FINANCIAL OPERATIONS CENTER, HUD Albany Office, for and on behalf of the Secretary of Housing and Urban Development.

United States of America  
Secretary of Housing and Urban Development

By:

  
BRIAN DILLON, DIRECTOR  
ASSET RECOVERY DIVISION  
FINANCIAL OPERATIONS CENTER  
HUD Albany Office  
52 Corporate Circle  
Albany, New York 12203-5121

Dorothy Wright  
7602 Lilly Dr.  
Southaven Ms 38671

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HUD Claim Number 72-100181-1  
Debtors: Hugh F. Wright

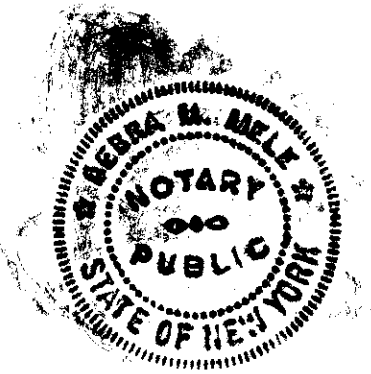
State of New York     )  
                                  )ss.:  
County of Albany     )

Before me, Debra M. Mele, a Notary Public in and for said State and County, on this 17<sup>th</sup> day of October, 2011, personally appeared BRIAN DILLON who is DIRECTOR, ASSET RECOVERY DIVISION, FINANCIAL OPERATIONS CENTER, HUD Albany Office and the person who executed the foregoing instrument, and I having first made known to him the contents thereof, he did acknowledge the signing thereof to be his free and voluntary act and deed, for and on behalf of the Secretary of Housing and Urban Development, for the uses, purposes and consideration therein set forth.

Witness my hand and official seal this 17<sup>th</sup> day of October, 2011.

DEBRA M. MELE  
Notary Public, State of New York  
No. 01ME6223029  
Qualified in Albany County  
Commission Expires June 1, 2014

Debra M. Mele  
NOTARY PUBLIC



FHA Case No. 281-2703469-703  
Loan No. 0105830145**SUBORDINATE NOTE**

May 22, 2003

Property Address: 7602 Lilly Drive  
Southaven, MS 38671**1. PARTIES**

"Borrower" means each person signing at the end of this Note, and the person's successors and assigns. "Secretary" or "Lender" means the Secretary of Housing and Urban Development and its successors and assigns.

**2. BORROWER'S PROMISE TO PAY**

In return for a loan received from Lender, Borrower promises to pay the principal sum of Five Thousand, Ninety-nine and 63/100 dollars (\$5,099.63), to the order of Lender.

**3. PROMISE TO PAY SECURED**

Borrower's promise to pay is secured by a deed of Trust or similar security instrument that is attached to this Note and called the "Security Instrument." The Security Instrument insures the Lender from losses, which might result if Borrower defaults under this Note.

**4. MANNER OF PAYMENT****(A) Time**

On November 1, 2029, or, if earlier, when the first of the following events occurs:

(i) Borrower has paid in full all amounts due under the primary Note and related mortgage, deed of trust, or similar Security Instruments insured by the Secretary, or

(ii) The maturity date of the primary Note has been accelerated, or

(iii) The Note and related mortgage deed of trust or similar Security Instrument are no longer insured by the Secretary, or

(iv) The property is not occupied by the purchaser as his or her principal residence.

(B) Place

Payment shall be made at the U.S. Dept. of HUD, c/o First Madison Servicing, Inc., 4 Corporate Drive, Shelton, CT 06484 or any such other place as Lender may designate in writing by notice to Borrower.

**5. BORROWER'S RIGHT TO REPAY**

Borrower has the right to pay the debt evidenced by this Note, in whole or in part, without charge or penalty. If Borrower makes a partial prepayment, there will be no changes in the due date or in the amount of the monthly payment unless Lender agrees in writing to those changes.

**6. WAIVERS**

Borrower and any other person who has obligations under this Note waive the rights of presentment and notice of dishonor. "Presentment" means the right to require Lender to demand payment of amounts due. "Notice of dishonor" means the right to require Lender to give notice to other persons that amounts due have not been paid.

**7. OBLIGATIONS OF PERSONS UNDER THIS NOTE**

If more than one person signs this Note, each person is fully and personally obligated to keep all of the promises made in this Note, including the promise to pay the full amount owed. Any person who is a guarantor, surety or endorser of this Note is also obligated to do these things. Any person who takes over these obligations, including the obligations of a guarantor, surety or endorser of this note, is also obligated to keep all of the promises made in this Note. Lender may enforce its rights under this Note against each person individually or against all signatories together. Any one person signing this Note may be required to pay all of the amounts owed under this Note.

BY SIGNING BELOW, Borrower accepts and agrees to the terms and covenants contained in this Note.

Hugh F. Wright  
Hugh F. Wright

## STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
VITAL RECORDS

DK T BK 3:358 PG 335



8996612

STATE FILE  
NUMBER

2009-008314

FILING  
DATE APR 30 2009CERTIFICATE OF DEATH  
STATE OF MISSISSIPPI

1. NAME First Middle Last <b>HUGH FRANKLIN WRIGHT</b>		2. SEX <b>MALE</b>	3a. HOUR OF DEATH <b>5:54 pm</b>	3b. DATE OF DEATH (Month, Day, Year) <b>APRIL 18, 2009</b>
4. RACE (Specify White, Black, American Indian, etc.) <b>WHITE</b>	5a. AGE AT LAST BIRTHDAY <b>64</b> Years	ONLY IF UNDER 1 YEAR 5b. MOS 5c. DAYS 5d. HOURS 5e. MINS		6. DATE OF BIRTH (Month, Day, Year) <b>JULY 7, 1944</b>
7. PLACE OF DEATH (Check only one box) <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DOA		8. DATE OF DEATH (Month, Day, Year) <b>APRIL 18, 2009</b>		
9a. FACILITY NAME (If not a facility, give street address, route number, or other location) <b>BAPTIST MEMORIAL HOSPITAL DESOTO</b>		9b. CITY, TOWN OR LOCATION OF DEATH <b>SOUTHAVEN</b>		9c. COUNTY OF DEATH <b>DESOTO</b>
10. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>High School 12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>MARRIED</b>		12. SURVIVING SPOUSE (If with, give maiden name) <b>YES</b>
13. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Specify)		14. SOCIAL SECURITY NUMBER <b>3</b>		15. USUAL OCCUPATION (Kind of work done most of working life) <b>CLERK</b>
16. RESIDENCE - STATE <b>MISSISSIPPI</b>		17a. COUNTY <b>DESOTO</b>		17b. STREET AND NUMBER OR RURAL LOCATION <b>7602 LILLEY DRIVE</b>
18. FATHER - NAME First Middle Last <b>WILLIS EUGENE WRIGHT</b>		19. MOTHER - NAME First Middle Last <b>DOROTHY WRIGHT</b>		20. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) <b>7602 LILLEY DRIVE, SOUTHAVEN, MS 38671</b>
21a. DISPOSITION OF BODY (Specify Burial, Cremation, Removal, etc.) <b>BURIAL</b>		21b. CEMETERY/CREMATORY - NAME <b>FOREST HILL SOUTH</b>		21c. LOCATION (City and State) <b>MEMPHIS, TN</b>
22a. FUNERAL HOME - NAME <b>FOREST HILL SOUTH F. H.</b>		22b. FUNERAL HOME LICENSE NUMBER <b>920 TN</b>		22c. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) <b>2545 EAST HOLMES ROAD, MEMPHIS, TN 38118</b>
23a. PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print) <b>Stan Thompson, MD</b>		23b. PRONOUNCED DEAD (Month, Day, Year) <b>ON April 18, 2009</b>		23c. PRONOUNCED DEAD (Hour) <b>at 5:54 pm</b>
24a. CERTIFIER - NAME (Type or print) <b>Jeffery Pounders</b>		24b. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) <b>4942 Pounders Rd, Nesbit, MS 38651</b>		24c. SIGNATURE <i>Jeffery Pounders</i>
25a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <b>Signature: [Signature]</b>		25b. DATE SIGNED (Month, Day, Year) <b>April 24, 2008</b>		25c. STATE LICENSE NUMBER <b>MD</b>
25d. NAME OF ATTENDING PHYSICIAN (If other than certifier) (Type or print)		25e. DATE SIGNED (Month, Day, Year)		25f. SIGNATURE <i>DeSoto Co Coroner</i>
26. PART I - Enter the cause of death - diseases, injuries, or complications - that directly caused the death. DO NOT enter immediate causes such as stroke, or heart failure, without showing the underlying cause. List only one cause on each line. DO NOT USE ABBREVIATIONS.				
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>cancer of lungs</b>				
Sequitely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. <b>chronic obstructive pulmonary disease</b>				
27. PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. <b>hypertension, pacemaker</b>				
28. AUTOPSY (Yes or No) <b>NO</b>				
29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) <b>YES</b>				
30. IF FEMALE, SPECIFY: <input type="checkbox"/> Was not pregnant within the past year <input type="checkbox"/> Was pregnant at the time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death				
31a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) <b>NO</b>				
31b. DATE OF INJURY (Month, Day, Year) <b>NO</b>				
31c. HOUR OF INJURY <b>NO</b>				
31d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED <b>NO</b>				
31e. INJURY AT WORK (Yes or No) <b>NO</b>				
31f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) <b>NO</b>				
31g. LOCATION (Street or route number, City or town, State) <b>NO</b>				

Mississippi State Department of Health

Revised 1-4-08

Form 511

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

MAY - 1 2009

Judy Moulder  
STATE REGISTRAR

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

